

# Public Health Council

STATE OF WISCONSIN

## MINUTES OF THE MEETING OF JUNE 9, 2006

WISCONSIN MEDICAL SOCIETY, 330 E. LAKESIDE ST. MADISON, WI 53701-1109

**Council Members Present:** Ayaz Samadani (Chair); Gary Gilmore (Vice Chair); Bevan Baker; John Bartkowski (by teleconference); Jayne Bielecki (by teleconference); Catherine Frey; Terri Kramolis (by teleconference); Charles LaRoque; Corazon Loteyro; Douglas Nelson; Richard Perry; Julie Willems Van Dijk (by teleconference)

**Council Members Absent:** Rafael Acevedo; Sandy Anderson; Christopher Fischer; Stephen Hargarten; Steven Kirkhorn; Loren LeShan; June Munro; Elizabeth Raduege; Thai Vue, JoAnn Weidmann (Secretary); Jeanan Yasiri

**Division of Public Health Staff:** Herb Bostrom, Deputy Administrator; Patricia Guhleman; Stacia Jankowski; Stephanie Ward; Kathryn Jones, Mary Pesik, Susan Wood

### Call to Order

Dr. Ayaz Samadani called the meeting to order at 10:03 a.m., and introduced Council members present by teleconference.

### Administration

#### *Review of minutes from the April 7, 2006, meeting*

The April 7th meeting minutes were reviewed. Corrections were suggested. Dr. Gary Gilmore will forward clarifications to staff. Dr. Gilmore made motion to approve and amended minutes were approved with Mr. Richard Perry's second.

#### *Evaluation report*

The evaluations for the April 7<sup>th</sup> meeting showed that all categories were rated above a '3'. Dr. Samadani said he really liked the comments and feedback given in this round of evaluations and that the Council needs to fill these out to keep on track with the charge. The evaluations will continue to be conducted via e-mail.

### Open Forum

Mr. John Bartkowski reported that he had attended a public hearing on a proposed rule change that dental hygienists could be reimbursed by Medicaid when practicing in three locations where a dental hygienist can practice without a licensed dentist present. Mr. Bartkowski expressed his concern that the Wisconsin Dental Association seemed to be taking the position of limiting the ability of dental hygienists to practice rather than taking a stand on the appropriateness of hygienists to get reimbursed by Medicaid. Another issue of concern to Mr. Bartkowski was that he has been contacting dentists for poor rural patients and is finding resistance in that dentists who are members of the Wisconsin Dental Association are being told not to accept any Medicaid patients so they can put pressure on the Legislature and on the Governor to increase reimbursement rates.

Dr. Samadani would like to get more information on the issue prior to writing a letter to the WDA.

Dr. Gilmore indicated that this is an emerging issue that is gaining momentum. He agreed with Dr. Samadani that the Council should get more information to avoid pointing fingers at an organization, and should really

be researching the issue of those on Medicaid being denied dental care. He stressed that the Council should speak to the needs of consumers and what needs to be done to address the problem.

Ms. Catherine Frey proposed the Public Health Council write a letter of recommendation in support of the administrative rule change and join the scores of other organizations in support of this as well.

After receiving more information on this rule change from Nancy McKenney of the Division of Public Health, members of the Council agreed to send a letter from Dr. Samadani on behalf of those present at the June 9, 2006 Wisconsin Public Health Council meeting. The letter would demonstrate the Council's support of the Administrative Rule change to allow dental hygienists to receive reimbursement for services provided to Medicaid patients.

### **Nutrition and Physical Activity State Plan and Policy Coordination**

Ms. Mary Pesik, coordinator of the Nutrition and Physical Activity program, presented information on the Nutrition and Physical Activity State Plan, which was released at a May 12<sup>th</sup> press conference by Secretary Helene Nelson.

The plan was funded through the CDC and Wisconsin was one of 28 states to receive funding. Ms. Pesik explained that this is not a duplication of what is in the State Health Plan, but an expansion of Healthy Wisconsin 2010, with concrete strategies to reduce obesity, improve nutrition and increase physical activity.

Ms. Pesik reported that a Division of Public Health Program Integration Group was formed to provide opportunities for programs to work together in new ways so that program impact is improved. Because each program used strategies related to prevention through nutrition, physical activity and healthy weight it was logical to form a team and create an environment that promotes communication, collective thinking, and problem solving about crosscutting issues, such as risk factor reduction. The Work Group meets monthly and has released 'A Joint Statement on the Importance of Nutrition and Physical Activity.'

Dr. Gilmore asked how this important work is being integrated and linked both regionally and nationally.

Ms. Pesik said they work directly with associations such as the Wisconsin Restaurant Association in recruiting members to participate in the 'Healthy Dining Program,' which outlines criteria for achieving State Health Plan goals such as offering healthy food choices, limiting portion sizes, etc. Ms. Pesik also reported that they have been sharing information with other states through CDC program telephone calls.

Dr. Samadani asked how this is being marketed to schools and workplaces and how this plan is being implemented. Ms. Pesik reported the press conference in May was very well received and heavily attended by the media. She and Stephanie Marquis, the Department of Health and Family Services Communications Director, fielded many calls from individuals and organizations requesting packets of information and copies of the Nutrition and Physical Activity State Plan. Ms. Pesik also highlighted the handout, "What Works in...Schools" and the section on the Governor's School Health Award. Schools have to meet a very comprehensive list of criteria in order to be considered for the award.

Mr. Perry stated that the State Health Plan Committee will be reporting on this initiative with a final report to the Public Health Council at the August 11, 2006 meeting.

### **eHealth Initiative**

Susan Wood, Chief of Staff, presented information on the Wisconsin eHealth Care Quality and Patient Safety Board.

Ms. Wood reported the Board was created by executive order on November 2, 2005 and that the purpose of the Board is to develop a strategic plan for the statewide adoption and exchange of electronic health records in five years. Ms. Wood noted that 16 percent of the nation's gross national product is spent on health care. The goal is to take advantage of health information technology to improve health care quality and safety while reducing overall costs in the system. In doing so, this will improve quality of care, improve patient

safety, and enable individual consumers to actively participate in health care decisions. The Board is a public-private enterprise and the roadmap that is being developed is to be utilized in both public and private sectors. The Division of Public Health is providing staff support to this board at this time.

Five small work teams have been formed around the highest priority items for patient care information, information exchange, consumer interests, governance, and financing in terms of support for the enterprise in the long term.

Ms. Wood reported there was a kickoff for the eHealth Board held May 5, 2006 at the Fluno Center to engage stakeholders in the plan. Governor Doyle addressed the group and emphasized the important work of this Board and of the intellectual capital in this state as well as the electronic infrastructure that exists in this state, including Epic Health Systems and GE Health Care.

The Board will meet on August 3, 2006 to hear preliminary reports on recommendations for an Action Plan to the Governor. This plan will be reviewed in November and presented to the Governor in December.

Ms. Wood said that the Board is also participating in a national effort on security issues in health information exchange. The Federal government recognized that there are some things it can do to promote information exchange through funding to see states devote resources in identifying issues and working to resolve issues. The eHealth Board has received a \$350,000 grant from the \$17 million devoted to this initiative by the Federal government.

Ms. Wood reported that the impact on public health will change with the use of electronic records in Wisconsin in that all information on birth and death records, communicable disease surveillance, chronic disease surveillance, Behavioral Risk Factor Surveillance data, immunization and cancer registries would be collected and stored and shared electronically. This would provide richer data and ways to link data to better plan community public health care interventions.

Mr. Baker added that the challenge for the health care system is sharing information in a seamless way. He stated that a real challenge for this enterprise will be community and patient trust. If the Board can help establish this trust Wisconsin can move forward and lead the way in data sharing and patient information exchange to ultimately make it a healthier state.

Ms. Wood said that there are four big issues going forward with this initiative. Financing, sustained and committed leadership, competition among health care providers and gaining trust among people in the state are the largest issues, but because of the way the workgroups have been structured all of these issues can be overcome.

Ms. Frey asked if there are areas in the state that are ready to participate in some of these initiatives. Ms. Wood reported that in the southeastern counties, there is a Wisconsin Health Information Exchange group that has recently established a governance structure and is set to be engaged in pilots to exchange data. In Madison, the Madison Patient Safety Organization is looking to organize as a Regional Health Information Organization (RHIO) and in the north, Marshfield is engaged in research projects.

Dr. Gilmore wondered to what degree the enterprise is involved in making sure these initiatives fit in with NCHS data. Ms. Wood stated that DHHS is coordinating efforts and looking to enable states and regions through funding and standard setting to get the ball rolling on health information exchange. NCHS is a part of DHHS and because this is a key priority, there will be collaboration and standard setting on their part.

Dr. Samadani suggested sending a thank-you letter to the eHealth Board and said he would be interested in another report from the Board at the October 13, 2006 meeting.

### **Possible Public Forums**

Dr. Samadani suggested that the Council hold public forums and invite people to provide input, questions, and problems. This could be in place of a regular Public Health Council meeting. Dr. Samadani stated that he does not believe that the Council would be swaying from its focus in that questions could be categorized into

a strategic plan and could be helpful in coming up with policy solutions. Dr. Samadani suggested that the first public forum could be held in Milwaukee given its higher needs, health disparities, etc. This would have to be well advertised to assure attendance at the meeting.

Ms. Julie Willems Van Dijk expressed concern that while she understands the rationale on why the Council would focus on Milwaukee first she believes we should be explicit and possibly have a timeline as to when the Council might hold public forums in other regions of the state. She also suggested the Council provide some sort of focus on what kind of public input the Council wishes to receive. Dr. Samadani agreed with these suggestions.

Ms. Jane Bielecki suggested that the Council may want to state that the Milwaukee public forum is a pilot and depending on how that meeting goes the Council could continue with other regions. Ms. Bielecki also suggested that it might be helpful to have specific questions that the participants want answered in order to focus the meeting. Dr. Samadani indicated that a DHFS facilitator would help focus the questions in these sessions.

### **Executive Committee Report**

Dr. Samadani reported that the Council meetings will still be Webcast so that we can go back and see what was discussed at each meeting. He also reported that there was a proposed resolution dissemination guideline from Roberts Rules of Order. Ms. Stacia Jankowski added there is a checklist that the Public Health Council will fill out about disseminating the resolution.

Dr. Samadani encouraged Council members to send him e-mails of issues they might find important for discussion. He also encouraged the Council members to send an e-mail to legislators once per year using the list of legislators and their contact information that will be provided to each member via e-mail. The e-mail should consist of an explanation of the Council and its charge.

### **Emergency Preparedness Committee Report**

Mr. Baker presented a recommendation from the Emergency Preparedness Committee to the Public Health Council. He reported that the Committee was concerned that they could not let another year go by without addressing a policy regarding distribution of vaccines to priority groups and vulnerable populations. Mr. Baker also emphasized that time is the enemy in this instance because it must take place prior to this year's influenza season. He stressed that this recommendation is specifically for influenza vaccines not intended for pandemic flu situations. Mr. Baker submitted this recommendation on behalf of the Emergency Preparedness Committee for the consideration of the Council and for final resolution. Dr. Gilmore seconded. Dr. Samadani commended the Committee and the Chair, Bevin Baker, for their hard work on this issue. Motion carried unopposed by members present at the meeting. An e-mail vote will follow.

### **State Health Plan Committee Report**

Mr. Perry presented a health disparities definition to the Council as a motion. The definition came from several sources that would reflect the particular mission the State Health Plan Committee is trying to accomplish. Mr. Perry stressed the purpose of this definition is for use as an operational definition among State Health Plan Committee members. Ms. Frey seconded the motion. Motion carried unopposed by members present at the meeting. An e-mail vote will follow.

Dr. Samadani requested that the Committee be thinking about a universal or statewide formulary since only one state has taken an approach for a statewide formulary. He said he would like the Council to have input on this issue and eventually get a recommendation and do some policy making. Mr. Perry stated that this is an undertaking that has been looked at in the past. There will be many challenges in obtaining consensus of all the representatives and health care providers. The Committee has already been charged with looking into this issue and will report on any progress to the Council in the future. Mr. Baker stressed that when the Council does go forward with this, the focus needs to be on patient safety.

## **Health Literacy**

Dr. Samadani suggested that this subject be discussed in the next agenda. He also encouraged the Council to come up with suggestions on ways to possibly incorporate health literacy in schools.

## **Next Meeting**

Suggestions for the next agenda included:

- A discussion on health literacy
- A report on the State Trauma Advisory Committee as requested by Dr. Stephen Hargarten
- A report on motions from June 9, 2006
- Mr. Baker recommended the Council become informed and take a leadership role on the issue of the FDA's approval of the human papillomavirus and cervical cancer vaccine. Dr. Samadani would like an informational presentation on this issue. He suggested perhaps schools and other agencies could log-on during the time of the presentation to get informed. Mr. Douglas Nelson suggested the Council make a strong statement supporting this and urge the Secretary to market and advocate the vaccine.
- Mr. Nelson stated he would like a presentation on the new state health insurance law in Massachusetts. Mr. Baker asked if there was a Public Health Council in Massachusetts. If so, he recommended the chair of that Council speak to the Wisconsin Public Health Council.
- Mr. Perry suggested that we have a strategic planning session in order to define priorities for the Council and each of the Committees. Dr. Samadani indicated that the Committees should focus on priorities they have already established, and if there is time to address additional issues the Committees should fit them into strategic plans as necessary.
- Dr. Gilmore asked that we keep the idea of a presentation on Medicaid and the uninsured for a future meeting.

## **Adjournment**

Dr. Samadani adjourned the meeting at 2:00 p.m.

Recorded by Stephanie Ward  
Bureau of Health Information and Policy

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JoAnn Weidmann, Secretary

Date